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Q&A: Marvin Hardy '91

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What prompted your founding of Grace Medical Home?

MH: It was the simple idea that people who are created in the image of God were not getting the same quality of health care as those who had insurance. A quarter of our county is uninsured here in Orlando. These people are going to the ER for their care or taking their mother's medicine.

Grace serves people who earn less than 200 percent of the poverty line, which, for a family of four is \$47,700.

MH: Most of the people we see are below the poverty line. And in our state, it's hard to get Medicaid unless you're a kid or pregnant. When moms come in with their kids, they have the same interests as a mom would who has insurance. Many have given up. They're tired of fighting the system. What we tell people is we're all poor in some way; theirs is just financial.

Are the afflictions you're dealing with the same or different from families with normal health care?

MH: We do see poverty-specific illnesses: the lack of nutrition, lack of education they've received, the prevalence of diabetes, high cholesterol. It's so different from my other practice, where I would ask folks what they did this summer, and they would talk about their trips and camps. When I ask a kid or teenager here at Grace, they kinda look at me like, what do you think I did? I stayed home. We're trying to jump into these people's lives

Marvin Hardy '91

Cofounder and medical director of Grace Medical Home, which serves people at or below 200 percent of the poverty line in Orlando, Florida

—BY BRENDAN TAPLEY



and break this cycle of poverty, health, poor nutrition. There's such a misperception: When we explain to folks things about their diet, they've never heard that and they're very willing to change. But poverty affects a lot of things. If you tell someone to eat nutritiously, a fresh apple is more expensive than a dollar burger at Wendy's®, so what do you think they're going to go for? They're mostly thinking about surviving.

Why is the health care system a system of inequality?

MH: It used to be there was a doctor-patient relationship and now you have employers involved and insurance companies are involved. Not everybody has a job; not everybody has a job that provides insurance. At our place, we're trying to get rid of all that, create zero barriers.

Are there lessons about health care for the impoverished that could be applied to healthcare for anyone?

MH: Well, we thought from the beginning that this was a community problem that required a community effort. So, getting as many people involved as possible was key. That could help our health care system. We've migrated from that to more of a business.

Grace is less business-oriented.

MH: We track value. And we have great stats on how we've cut down hospital visits, trips to the ER, how we've helped our diabetic patients. That saves our community, saves

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the taxpayers. That's how we get paid. If we show our quality, then the hospitals here in Orlando are willing to help us, the foundations are willing to help us. At my old practice, we used to see five patients an hour, and here if it's a first visit or a physical, it's an hour. Everything else is 30 minutes. We want to get to know them and manage all their problems.

I think anyone would want that for their health care.

MH: I do think there's a push back toward that in medicine. When we started, I was giving a tour of Grace and I said our hope was to provide the same quality of health care as people with insurance receive, and this lady looked at me and she got real serious and pointed her finger and said, 'You have to. Christ's name is on the wall.' That was pretty powerful.

You're not shy about how health care is a religious calling for you.

MH: We're trying to develop a relationship with our patients the way we believe Christ develops a relationship with his people. All people. Most folks, when they come, can't believe we want to see them again since they're so used to only being seen one time. That's the medical home concept: whole-patient care, continuity.

For a lot of people, medicine doesn't seem like something that would coexist with religion.

MH: We debated about that. But we wanted to let people know why we're doing this. Because we've received God's mercy, we're called to extend that mercy. This is not a hand-down here; we lock arms with our patients. It's a hand across. That's where the spiritual side comes in. And our patients say they've never been treated like this before. They've found dignity; they've been respected.

Do you worry that those who may not believe in Jesus Christ or in God at all would feel alienated at Grace?

MH: Not by how we run things and we watch that very closely. About 50 percent of our patients write down that they don't go to any church. We're open to anyone who comes. Nobody should feel alienated or I want to know about it. We don't force anything on anyone; Jesus never did that. We have Muslim doctors, we have Jewish doctors, we have agnostic nurses. Something draws them here.

But sometimes religion is used to deny medical services for people, with things like contraception, euthanasia, abortion; or because of opinions around sexual orientation?

MH: I don't have an opinion on that other than I don't agree with it. There should not be a barrier to medical care.

So, that isn't something that gets injected into the practice at Grace?

MH: No way, not even close.

If someone came to you with an issue that might be controversial in those ways, that isn't going to dictate their care?

MH: If a physician comes in and that influences how they give care, they won't be asked back.

And a patient?

MH: We do our best to help them. We have transgender patients, all different lifestyles and beliefs. We don't turn anyone away—unless you have insurance.

That should be your motto.

MH: We've prayed about this, to try to stay apolitical. We stay focused on what's best for the patient.

Do you think a person can live a principled life without religion?

MH: I'm sure. I think so. You know, I love to think about things and contemplate, but I'm more someone who sees a problem and wants to fix it.

At the Furman Alumni Awards dinner, your classmate Jonathan Rogers called you Furman's best-kept secret and mentioned that at an intramural track meet you outsprinted a Furman wide receiver? Which is the truer story?

MH: [Laughs] I don't know. I think Furman is the best-kept secret.

When you were a student, you heard the words of World Vision founder Bob Pierce: "Let my heart be broken with the things that break the heart of God." How do we stay attuned to what breaks our hearts?

MH: I would encourage anyone to listen to where your heart is being tugged, where your stomach feels upset. Where you say, 'That's not right; that's gotta be changed.' Listen to that.

What still breaks your heart?

MH: I think I'm right where it breaks my heart.

IN THEORY AND IN PRACTICE

Marvin Hardy chats with colleagues at Grace Medical Home, his clinic for those who can't afford health care.

